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AUTHOR O'Loughlin, Dan
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ABSTRACT

One factor consistently overlooked in the literature of both empirical research and treatment intervention strategies is the role of the father in the development and treatment of childhood disturbances. In declaring the mother-child relationship as the setting within which childhood disturbances occur, researchers assumed that the father was almost an irrelevant entity in the child's world. A review of the literature on the father's role shows four areas most relevant to childhood disturbances: (1) self esteem and personality adjustment; (2) anxiety and maladjustment; (3) impulse control and social consciousness, and (4) antisocial behavior. These results suggest that the father-child relationship is at least as important as the mother-child relationship. Three factors make a case for including the father in the treatment of the troubled child. First, although the nature of the family is undergoing drastic changes, the father continues to hold a central position in the two parent family. Second, his participation in family therapy is associated with successful treatment outcome. Third, the father has been found to be the most difficult family member to engage in family therapy and is most often the reason families drop out of treatment. (JAC)

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The Role of the Father in the Development and Treatment of Childhood Disturbances

Dan O'Loughlin, M.S.

The University of Texas at Austin

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Paper presented in the symposium "Theoretical and Empirical Perspectives on Resistance in Family Therapy" at the annual meeting of the Southwestern Psychological Association April 19, 1984 in New Orleans, Louisiana.

Introduction

In the relatively short history of mankinds' concern for mental health issues among its' members, the twentieth century has emerged as a time of unprecedented interest in the troubled child (Glasscote, 1972). During this time, we have witnessed a growing commitment from society in general and interested professionals specifically to uncover those aspects which make up the troubled child's existence. Yet, the evolutionary process of the study of the troubled child has not been an orderly, systematic one; rather it can best be characterized as an irregular exploration of relevant areas embedded within the current of socially significant issues of the time. However, we can say that one global trend is discernable and that is our growing appreciation for the complexity of the child's world. That is to say, we seem to have reluctantly let go of our longstanding view of the child as a passive, simple entity who is subject to the whimsical influence of those around him/her and, presently, regard the child as an active, envolving being, who impacts his/her environment continuously. At this point in time perhaps the challenge we face could best be summarized as this: If we are to continue to develop our understanding of the troubled child as scientific investigators, and if we are to continue to plan and impliment effective treatment interventions for the troubled child as mental health service providers, then we must keep in mind the complexity of the subject at hand and the tasks involved.

To consider in a broad sense the changes we have under-

gone in our conceptual view of the troubled child is to be aware of the two primary sources of influences which have shaped it. First, we have come to know the child from empirical research studies. That is, through scientific investigations we have accumulated a wealth of knowledge over the decades regarding the normal and abnormal development of the child along lines of physical, social, emotional, intellectual, and personality development. Secondly, we have come to know the child as a result of information gathered in the field. Here, I make reference to the body of knowledge we have acquired from attempts over the past decades to alter the course of the troubled child's life through direct treatment interventions. While both of these sources have provided us with an increased understanding of the troubled child's world, it seems apparent that there has been one major oversight. Perhaps in our effort to understand more fully, we have been guilty of too narrowly defining the boundaries of our investigation. And in so doing we have not adequately addressed many significant factors relevant to the troubled child's world. For example, one factor which consistently has been overlooked in the literature of both empirical research and treatment intervention strategies is the role of the father in the development and treatment of childhood disturbances.

Prior to the mid-1960's, much of what we have understood of the troubled or disturbed child's world came about as a result of the investigation of the mother-child relationship. Among the more notable works which shaped our view of the disturbed child were Levy's (1943) investigation on maternal over-

protection, Fromm-Reichmann's (1948) report on the characteristics of "schizophrenic mothers", and Mahler's (1952) investigation of the "state of symbiosis" between the mother and the schizophrenic child, just to name a few. Similarly, the mother-child relationship occupied a prominent position in the treatment of the disturbed child. From a review of the history of the treatment of children with mental health problems, one can readily see the increased involvement of the mother in the therapeutic process. While the child largely remained the focus of treatment, the mother's involvement in collateral treatment was an expectation inherent to many programs during the era of the child guidance movement. It should come as no surprise to us that this treatment strategy evolved; for if we conceptualized the child's disturbance to be rooted in the mother-child relationship, then it stands to reason that her inclusion should facilitate the childs' therapy.

However, again our concern today should rest with the thought that perhaps such a view of the disturbed child was constricted in its' definition. In declaring the mother-child relationship the setting within which childhood disturbances occur, we therefore set ourselves up to overlook other significant factors or relationships important in the child's world. As a matter of fact, recent findings by Nash (1965), Lynn (1974) and Lamb (1976) suggest that this indeed has been the case. It is their belief and the belief of others that the father is a principle figure in the child's world and the context of the father-child relationship is in need of more extensive investi-

gation.

A question we might want to ask ourselves at this time is 'why has there been such a sudden interest in the last decade concerning the fathers' role in the development and treatment of the troubled child"? Michale Lamb (1976) suggests that there are three reasons. First, in light of the relative unbalance in the investigation of the significance of the mother versus the father role in the child's life, researchers found themselves asking the question; 'is it true that the father is an almost irrelevant entity in the child's world'? Secondly, the changing family structure in American society, specifically the break up of the traditional two parent family, dictates an immediate need to determine the impact of the father on the child and also the characteristics of the father-child relationship, since this is the relationship most frequently disrupted. Finally, recent empirical findings conclude that the infant/child is an active participant in the parent-infant/child relationship. The child's ability to form attachments to significant others, for example day-care personnel, suggests that the relationship between child and father might have more substance than previously imagined.

With these three points in mind, let us now turn our attention to the literature on the father's role in the development of childhood disturbances.

Summary of Literature Review

In 1965, Nash concluded form his review of the literature on fathers' influences on child development that there was a

general derth of information. However, in the two decades since, it seems that researchers have been working overtime to rectify the situation. During this time, a large volume of literature has appeared concerning the father's role in the family and his relationship to the child. Perhaps most monumental to date have been the books by David Lynn entitled, The Father: His Role in Child Development, and Michael Lamb The Role of the Father in Child Development.

In presenting the literature to you today, I have chosen to cite key summary statements regarding the fathers' impact on the child's development; rather than discuss specific research studies. Although the areas which have been investigated are numerous, I have selected four which seem most relevant to our interest in childhood disturbances. The four areas are: self-esteem and personality adjustment, anxiety and maladjustment, impulse control and social consciousness, and antisocial behavior.

Self-esteem and Personality Adjustment

1. Parental warmth has been found to be strongly correlated with the male child's feelings of self-esteem and personality adjustment.
2. The father's interest and consistent participation seems to contribute strongly to the development of a child's self-confidence and self-esteem.
3. Adolescent boys with unaffectionate relationships with their father were likely to feel rejected and unhappy.
4. Fathers who were involved actively in setting ap-

propriate limits are associated with high self-esteem in their children.

5. Boys who were able to confide in their fathers were reported to have high self-esteem.
6. Paternal nurturance and availability were strongly correlated with adolescents' personality adjustment.
7. Paternally deprived children's insecure interpersonal relationships led to low self-esteem.
8. Paternal power assertion and overcontrolling tends to be associated with poor personality adjustment and psychopathology in children.
9. Fathers of schizophrenic females were insensitive to their daughers' need to develop an independent self-concept and attempted to mold her in terms of their own unrealistic needs.

Anxiety and Maladjustment

1. Research findings indicate that low perceived similarity to the father is related to anxiety and maladjustment among males children.
2. Inadequate fathering is often associated with a high level of anxiety and maladjustment in children.
3. Paternally deprived children have stronger feelings of anxiety and inadequacy.
4. Chronic anxiety and poor adjustment seem uncommon among boys who have solid indentifications with their fathers.
5. If the father is not consistently involved in family functioning , then it is much harder for his son to learn to be appropriately assertive, active, independent, and competent.

Impulse Control and Social Consciousness

1. Investigations conclude that father-absent children show a strong preference for immediate gratification.

2. Father-absence as a result of divorce as compared to death is more strongly related to a child's inability to defer gratification.

3. Father-absence seems to interfer with the childs' development of trust of other people, particularly adult males.

4. Paternal dominance in discipline, when combined with a high level of paternal affection, is strongly associated with male children's sensitivity of their moral transgressions.

5. Morally mature adolescents were likely to have warm, nurturant, and highly moral fathers.

6. Father-absent 7th grade boys consistently scored lower than father-present boys on measures of internal moral judgement, guilt following transgression, acceptance of blame, moral values, and rule conformity.

7. Weak father identification renders the child less adequate conscious development than strong father identification.

8. Paternally deprived children may have a particularly difficult time in respecting and communicating with adult males in positions of authority.

Anti-social Behavior

1. While there are many factors involved in a child's anti-social behavior, paternal deprivation is a significant one.

2. Early father absence has a particularly strong association with juvenile delinquency among males.

3. Father-present juvenile delinquents appear to have poor relationships with their fathers.

4. Anti-social boys portray their fathers as lacking in affection and empathy and further characterize them

as glum, uncommunicative, and as employing unreasonable punishment and little praise.

5. The father-delinquent child relationship is marked by rejection, hostility and antagonism.

6. Father-present delinquents have inadequate fathers who themselves had difficulty with impulse control and as fathers were found to be rigid, controlling and prone to alcoholism.

From the summary statements gleaned from the literature reviews of Nash (1965), Lynn (1974) and Lamb (1976) and presented to you here, it would be difficult to discount the fathers' impact on the childs' development in the context of the family system. Collectively, the results imply that the quality of the father-child relationship is at least as important as the mother-child relationship. Yet, a work of caution is in order now. Although the research findings point to the importance of the father's role in the development of the troubled child, it is not my intention to suggest that the father-child relationship is the primary source of childhood disturbance. Rather, given the complexity of the child's world, specifically the relationships he or she experiences as a member of a family system, we must conclude that the disturbed child is a product of the interactions which take place among all members of the family; the child included. Thus, it is my belief that in order to understand and treat the troubled child one should take a systemic viewpoint into consideration.

In closing, it has been the purpose of this paper to briefly document the importance of the father's role in the family as

it relates to childhood disturbances and, therefore, make a case for the inclusion of the father in the treatment of the troubled child. While the literature on the father's role in family-oriented treatment of childhood disturbances is currently in its infancy, a few key findings have emerged. I would like to present to you three of the most important findings revealed thus far. First, even though the nature of the American family is undergoing drastic changes, the father continues to hold a central position in the two parent family and his role largely determines the health or disfunction within the family system (Le Fave, 1980). Secondly, father participation in family therapy is associated with successful treatment outcome (Berg & Rosenblum, 1977). Finally, the father has been found to be the most difficult family member to engage in family therapy and most often is the reason families drop out of treatment (Shapiro & Budman, 1973). At this time, our next presenter, Bethany Hampton, will discuss premature termination in family therapy with particular emphasis on the father.

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